

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | | |
|--------------|-----------|-------------|
| SERIAL NO. | 10/531341 | FILING DATE |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|--|--------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | | | | | | | 51 | | | | | |
| 2 | | 1 | | | | | | 52 | | | | | |
| 3 | | | 1 | | | | | 53 | | | | | |
| 4 | | | | 1 | | | | 54 | | | | | |
| 5 | | | | | | | | 55 | | | | | |
| 6 | | | | | | | | 56 | | | | | |
| 7 | | | | | | | | 57 | | | | | |
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| 10 | | | | | | | | 60 | | | | | |
| 11 | | | | | | | | 61 | | | | | |
| 12 | | | | | | | | 62 | | | | | |
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| 14 | | | | | | | | 64 | | | | | |
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| 26 | | | | | | | | 76 | | | | | |
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| 36 | | | | | | | | 86 | | | | | |
| 37 | | | | | | | | 87 | | | | | |
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| 39 | | | | | | | | 89 | | | | | |
| 40 | | | | | | | | 90 | | | | | |
| 41 | | | | | | | | 91 | | | | | |
| 42 | | | | | | | | 92 | | | | | |
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| 47 | | | | | | | | 97 | | | | | |
| 48 | | | | | | | | 98 | | | | | |
| 49 | | | | | | | | 99 | | | | | |
| 50 | | | | | | | | 100 | | | | | |
| TOTAL IND. | | | ↓ | 1 | ↓ | ↓ | | TOTAL IND. | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | | ← | 1 | ← | ← | | TOTAL DEP. | | ← | ← | ← | |
| TOTAL CLAIMS | | | 2 | | | | | TOTAL CLAIMS | | | | | |